

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-a-1
FOR FISCAL YEAR 2014-15 (beginning 10.1.2014)

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

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CHARITABLE TRUSTS UNIT

Section 1: ORGANIZATIONAL INFORMATION

Organization Name **Weeks Medical Center, Inc.**

Street Address **173 Middle Street**

City - County - State NH Zip Code **Lancaster - Coos - NH - 03584**

Federal ID # **02-0222242** State Registration # **6286**

Website Address: **www.weeksmedical.org**

Is the organization's community benefit plan on the organization's website?

Yes...@ www.weeksmedical.org/

Has the organization filed its Community Benefits Plan Initial Filing Information form? **Yes**

If NO, please complete and attach the Initial Filing Information Form.

If YES, has any of the initial filing information changed since the date of submission? **No**

If YES, please attach the updated information.

Chief Executive: **Scott Howe, CEO** **603.788.5030** **scott.howe@weeksmedical.org**
Board Chair: **David Atkinson** **603.788-4911** **David.Atkinson.nh@gmail.com**
Community Benefits
Plan Contact: **Celeste Pitts** **603.788.5321** **celeste.pitts@weeksmedical.org**

Is this report being filed on behalf of more than one health care charitable trust? **No**

If YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission (and Vision) Statement (adapted November 2009):

Weeks Medical Center's compassionate staff is committed to providing high quality and efficient health care services to ensure the well-being of our patients, families and communities.

Our Vision of Fulfilling Our Mission is that...

Weeks Medical Center will improve the health of the residents of our Community by providing excellent and appropriate services.

We will be recognized as a leader by being in the top 10% of hospitals and healthcare organizations for quality, effectiveness and value.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? **Yes**

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Weeks Medical Center provides a wide range of services to its communities: hospital care (acute and skilled care – Critical Access Hospital), rehabilitation services (physical, occupational, speech therapies), medical professional services (allergy/immunology, anesthesiology, cardiology, dermatology, emergency medicine, endocrinology, family practice/obstetrics, general surgery, gynecology, internal medicine, oncology, orthopedic surgery, pathology/histology, pediatrics, podiatry, radiology, rheumatology, urology, clinical social work, dietitian, wound care, hyperbaric oxygen treatment, family-planning services (Title X) and community outreach services.

Service Area (Identify Towns or Region describing the trust's primary service area):

Weeks Medical Center's general geographic catchment area consists of the following towns: Lancaster, Groveton, Dalton, Whitefield, North Stratford, Jefferson, Carroll/Twin Mountain, Bretton Woods and Stark, in New Hampshire; and Lunenburg, Guildhall and Gilman, in Vermont. Together, these towns have a population of 14,000+/- and cover approximately 375 square miles in both Vermont and New Hampshire.

Weeks Medical Center is defined by the geographic communities that surround its facilities and by the individuals and groups who benefit from the health and wellness services provided by its various health related institutions. The definition was developed by the Board of Trustees, its Committees, administrative and professional staff in the practical application of the services provided by its institutions and the identified needs of the communities served.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Weeks Medical Center provides services to every age group: pre-natal, post-natal, pediatric, teens, young to middle aged adults and seniors. Services are provided to a variety of specific health groups: oncology/cancer patients, diabetics, teen health services, cardiac rehab, school children, occupational health and others.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? **2013** *(Please attach a copy of the needs assessment if completed in the past year)*

In the summer of 2013, the Strategic Planning Committee conducted a community needs assessment. The community needs were identified through the use of external data and community input. The needs have been prioritized and selected for inclusion in the Weeks Medical Center Strategic Plan based on institutional capacity, among other factors. These initiatives have become part of an overall 2014-2016 Strategic Plan which are detailed in the Community Health Needs Assessment adopted by the WMC Board of Directors in September, 2013.

Was the assessment conducted in conjunction with other health care charitable trusts in your community? **No, assessment was independently completed by WMC with input from various area stakeholders.**

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community? **Please note, Tobacco, Alcohol and Drug Use were listed as needs among the entire age spectrum of the community, not just youth or adult.**

	Code	Comment
1	101	Uninsured Individuals – Access to Care; Financial Barriers
2	420	Obesity and Nutrition needs
3	203	Teen Birth Rate – Teen Pregnancy
4	406	Tobacco Use
5	402	Alcohol Abuse
6	404	Drug Abuse
7	303	Cancer Screening – colorectal cancer
8	201	Childbirth Services
9	122	Availability of Behavioral Health Care

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	Code	Comment
A	600	Expanded Community Outreach & Education
B	120	Availability of Primary Care
C	123	Availability of Other Medical Specialties – Dermatology, Urology
D	521	Availability of Emergency Services – walk in clinics, long wait time
E	601	Transportation medical
F	121	Availability of Dental/Oral Health Care
G	430	Services for Children
H	602	Information & referral services

I	407	Access/Availability of Alcohol/Drug Treatment
J	127	Availability of Other Health Professionals/Services – Surgery, Radiation
K	124	Availability of Home Health Care
L	321	Coronary Heart Disease – Cardiac Treatment & Rehabilitation
M	372	Alzheimer's/Dementia
O	422	Nutrition Education

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

Code 999 Activities (as they relate to Section 4) are as follows:

- ☐ **Physical Infrastructure Improvement – Building Repairs, Fixed Assets Additions, Building & Improvements**
- ☐ **Coalition Building – North Country Health Consortium, New Hampshire Hospital Association, Northern NH Health Care Collaborative**
- ☐ **Community Needs/Asset Assessment – Strategic Planning**
- ☐ **Free & Discounted Health Care Services – Weeks Health Access**
- ☐ **Medicaid & Medicare Costs exceeding Reimbursement**

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the Community Benefit Activities and Services provided in the preceding year and planned for the upcoming year. For each activity, indicate the community need (refer to number or letter ranks on previous page) that is addressed by the activity. For each activity, also indicate the past and/or projected unreimbursed costs.

<i>A. Community Health Services</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>	<i>Unreimbursed Costs (Year 2015-16)</i>
<i>Community Health Education</i>	220	2,454	2,454
<i>Community-based Clinical Services</i>	128-350-363-521	568,696	694,040
<i>Health Care Support Services</i>	121- 122-522-999	335,002	657,926
<i>Other:</i>	100-101-602	322,949	329,408

<i>B. Health Professions Education</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>	<i>Unreimbursed Costs (Year 2015-16)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	507	296,602	300,083
<i>Intern/Residency Education</i>			
<i>Scholarships/Funding for Health Professions Ed.</i>	507	490	7,200
<i>Other:</i>			

C. Subsidized Health Services	Community Need Addressed (code)	Unreimbursed Costs (Year 2014-15)	Unreimbursed Costs (Year 2015-16)
Type of Service: Family Planning	204	54,881	21,242
Type of Service: Psychiatric Consultations	370	68,490	78,102
Type of Service: Child-Adolescent MH	372	20,799	28,847
Type of Service: Senior Services	603	295	295
Type of Service: Chronic Disease Mgt- Diabetic Education, Nutritional Counseling	300	16,263	16,018
Type of Service: Pharmacy Assistance Program	128	19,351	19,748

D. Research	Community Need Addressed (code)	Unreimbursed Costs (Year 2014-15)	Unreimbursed Costs (Year 2015-16)
Clinical Research			
Community Health Research			
Other:			

E. Financial Contributions	Community Need Addressed (code)	Unreimbursed Costs (Year 2014-15)	Unreimbursed Costs (Year 2015-16)
Cash Donations			
Grants			
In-Kind Assistance	609	134	134
Resource Development Assistance			

F. Community Building Activities	Community Need Addressed (code)	Unreimbursed Costs (Year 2014-15)	Unreimbursed Costs (Year 2015-16)
Physical Infrastructure Improvement			
Economic Development			
Support Systems			

<i>Enhancement</i>			
<i>Environmental Improvements</i>			
<i>Leadership Development; Training for Community Members</i>			
<i>Coalition Building</i>	999	68,926	70,304
<i>Community Health Advocacy</i>			

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>	<i>Unreimbursed Costs (Year 2015-16)</i>
<i>Dedicated Staff Costs</i>			
<i>Community Needs/Asset Assessment</i>			
<i>Other Operations</i>			

<i>H. Charity Care</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>	<i>Unreimbursed Costs (Year 2015-16)</i>
<i>Free & Discounted Health Care Services</i>	101	472,354	786,289

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>	<i>Unreimbursed Costs (Year 2015-16)</i>
<i>Medicare Costs exceeding reimbursement</i>	101	199,861	204,916
<i>Medicaid Costs exceeding reimbursement</i>	101	2,499,494	2,908,788
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	101	621,310	673,846

<i>Total Reportable Community Benefit Costs</i>		5,568,490	6,799,641
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Section 5: SUMMARY FINANCIAL MEASURES 2014-15

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	<i>79,087,370</i>
<i>Net Revenue from Patient Services</i>	<i>38,210,161</i>
<i>Total Operating Expenses</i>	<i>40,667,615</i>
<i>Net Medicare Revenue</i>	<i>19,786,198</i>
<i>Medicare Costs (actual)</i>	<i>19,986,059</i>
<i>Net Medicaid Revenue</i>	<i>3,858,573</i>
<i>Medicaid Costs(actual)</i>	<i>6,358,067</i>
<i>Unreimbursed Charity Care Expenses</i>	<i>472,354</i>
<i>Unreimbursed Expenses of Other Community Benefits (A thru G)</i>	<i>5,095,997</i>
<i>Total Unreimbursed Community Benefit Expenses</i>	<i>5,568,351</i>
<i>Leveraged Revenue for Community Benefit Activities (comm. health centers)</i>	<i>0</i>
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	<i>5,568,351</i>

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
<i>Check box = √</i>				
1) General Public (survey responses)	√			
2) School District Employees (survey responses)	√			
3) Select Patients (of WMC – survey responses)	√			
4) Local businesses and clergy	√			
5) Board of Trustees (community representatives)	√	√	√	√
6) State Legislators	√			
7) Other local Healthcare providers (Long-term care, dental, FQHC's)	√			
8) Town Managers, Police chiefs	√			
9) Public Health Network representatives	√			
10) WMC Strategic Planning Committee	√	√	√	√

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

A community needs assessment survey was designed and distributed in 2013 to a wide spectrum of residents from within the WMC catchment area, including patients, educators, Trustees, and the general public. The data was analyzed and priority needs were identified.

Input from state legislatives, town managers, police chiefs, clergy, business and other health care providers was solicited via individual interviews. Needs and concerns were integrated into the general assessment survey.

The resulting data, along with data from external sources, was analyzed and prioritized by the Strategic Planning Committee of the Weeks Medical Center Board of Trustees, composed of Trustees, Medical Staff and Senior Management.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO
The valuation of charity does not include any bad debt, receivables or revenue. <i>Check box = √</i>	√	
Written charity care policy available to the public.	√	
Any individual can apply for charity care.	√	
Any applicant will receive a prompt decision on eligibility and amount of charity care offered.	√	
Notices of policy in lobbies.	√	
Notice of policy in waiting rooms.	√	
Notice of policy in other public areas.	√	
Notice given to recipients who are served in their home.	√	

ATTACHMENTS

- Attachment A** ☒ **Names/Addresses of Trustees**
- Attachment B** ☒ **Community Health Needs Assessment - 2013**
- Attachment C** ☒ **2014 Annual Report**
- Attachment D** ☒ **2015 Community Health Links**